



## LIMITED ACCESS FENCE REMOVAL COVENANT

State Form 53681 (7-08)  
Indiana Department of Transportation

The following shall become a part of the Indiana Department of Transportation right-of-way permit.

In consideration for *INDOT* granting right-of-way permit tracking number \_\_\_\_\_ and for the removal of limited access right-of-way fence along the property frontage on highway number \_\_\_\_\_ and as described in Attachment "A", *INDOT* in its sole discretion may require OWNER and his/her successors, or assigns to install the limited access fence at the above location if *INDOT* determines that reconstruction of the fence is necessary. The *OWNER* shall reconstruct the fence in accordance with the current *INDOT* standards at no expense to *INDOT*. The reconstructed fence shall become the property of *INDOT*. The removal of the fence is a benefit to the property. The parties intend this covenant to run with the land and be binding upon parties and all persons claiming under them.

_____	_____		
District Regulatory Supervisor	Owner's Name - Print or Type		
_____	_____		
	Signature		
_____	_____		
District Deputy Commissioner	Address (number and street)		
	_____	_____	_____
	City	State	Zip
	_____		
	Telephone		

### **OWNER ACKNOWLEDGMENT**

State of \_\_\_\_\_, County of \_\_\_\_\_, SS:  
Before me, the undersigned Notary Public in and for the said County Personally appeared \_\_\_\_\_  
\_\_\_\_\_ and acknowledged  
(Name of Signer)  
the execution of the foregoing covenant on this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ 20\_\_\_\_\_,  
Witness my hand seal the said last named date. My commission expires:

_____	_____
	Notary Public
_____	_____
	County of Residence

### **INDOT ACKNOWLEDGMENT**

State of \_\_\_\_\_, County of \_\_\_\_\_, SS:  
Before me, the undersigned Notary Public in and for the said County Personally appeared \_\_\_\_\_  
\_\_\_\_\_ and acknowledged  
(Name of Signer)  
the execution of the foregoing covenant on this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ 20\_\_\_\_\_,  
Witness my hand seal the said last named date. My commission expires:

_____	_____
	Notary Public
_____	_____
	County of Residence